

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

**See Instructions and *Privacy
Statement On Reverse Side**

Page _____ of _____ Pages

CLAIMANT'S NAME Ellen Feigal		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION VP of Research and Development		CB/ID No.		DIVISION or BUREAU CIRM	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King Street		TELEPHONE NUMBER (415) 396-9255	
CITY [REDACTED]		STATE [REDACTED]		ZIP CODE [REDACTED]	
CITY San Francisco		STATE CA		ZIP CODE 94107	

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2)				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
Apr. 11														
DATE	TIME													
04/01	16:34 21:00	Orlando, FL	223.88			18.53		42.20	T				284.61	
04/02	8:00 21:00	Orlando, FL	223.88		5.75	12.76							242.39	
04/03	8:00 21:00	Orlando, FL	223.88	3.72	4.25	18.53							250.38	
04/04	8:00 15:00	Orlando, FL/Washington, DC	296.56	3.25	5.31			38.00	T			25.00	368.12 230.12	
04/05	8:00 17:00	Washington, DC	296.56										296.56	
04/06	8:00 17:00	Washington, DC	296.56										296.56	
04/07	8:00 19:19	Washington, DC	296.56			30.30							326.86	
04/08	16:00	Washington, DC						72.00	T				72.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
(10) SUBTOTALS			1,857.88	6.97	15.31	80.12	0.00	114.20		0.00	0	0.00	2,137.48 2,099.48	
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL2,137.48
2,099.48

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Reimbursement for Ellen Feigal, VP of R&D:

- 1) April 1 - 4, 2011: Travel to Orlando, FL to attend the American Association for Cancer Research 102 Annual Meeting
- 2) April 4-6, 2011: Travel to Washington, DC to attend the ARM Fly in Annual Meeting
- 3) April 6 - 8, 2011: Washington, DC to attend the Transnational Regenerative Medicine Forum

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

0.51

**AGENCY ACCOUNTING OFFICE
USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

04/11/11

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

04/11/11

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE